

194341

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

REQUEST TO CHANGE NAME ON NON-
EMERGENCY CERTIFICATE

PICKENS COUNTY SENIOR UNLIMITED INC

Posted: lod

Dept: S.A.

Date: 8/13/08

Time: 1:00

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 103 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Charles A. Parsons

Telephone: 864-878-0172

Address: P. O. Box 1323

Fax: 864-878-6018

Pickens, SC 29671

Other: _____

Email: pickenssrs@bellsouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

AUG 13 2008

PSC SC
DOCKETING DEPT.

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
 Docketing Department
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896-5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1441 Main Street, Suite 300
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

RECEIVED

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DATE: 8-12-08PSC SC.
DOCKETING DEPT.

I have the following Certificate of Public Convenience and Necessity:

☐ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☒ Class C Non-Emergency # 9995

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Pickens County Senior Unlimited Inc. DBA: _____
 (Current Name) (Current DBA if applicable)

TO: Pickens County Seniors Unlimited Inc. DBA: _____
 (New Name) (New DBA if applicable)
 adding "s" to SENIOR

☐ Scope of Authority

From: _____ To: _____
 (Current Scope) (New Scope)

☐ Passenger Limit

From: _____ To: _____
 (Current Limit Number) (New Limit Number)

Pickens County Senior Unlimited, Inc.
 (Name & DBA if applicable)

114 Pumpkintown Hwy.
 (Street Address)

Pickens, SC 29671
 (City, State, Zip Code)

[Signature]
 (Signature)

864-878-0172

(Telephone Number)

Director

(Title)

ORS Revised 1/29/08



PICKENS COUNTY SENIORS UNLIMITED

P. O. BOX 1323

PICKENS, S. C. 29671

PHONE: 864-878-0172

FAX: 864-878-6018

FAX

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DATE: August 13, 2008

FROM Charles A. Parsons, Director

TO: Public Service Commission

FAX NO: 803-896-5199

NUMBER OF PAGES 03

COMMENTS: Request to Amend Name on Certificate

